Case: 1:24-cv-06753 Document #: 7-9 Filed: 09/25/24 Page 1 of 2 PageID #:271

EXHIBIT I

(6/30/08) CCM 0124 B

| ANSWER OF THIRD PARTY RESPONDENT CITATION | |
|---|---|
| This first section must be filled out by the judgment creditor. | |
| Citation/Respondent: Whiteamire Clinic P.A., Inc Court Date: September 26, 2024 Defendant's Name: Cartridge World North America, LLC SS No. xxx-xx- Case No. 1:24-cv-06753 | |
| Judgment Balance: \$4,293,000 + 28 U.S.C. § 1961 Interest | |
| This is a Citation: Freeze up to double the Judgment Balance. | |
| INTERROGATORIES | |
| 1. On the date of service of the citation, did you have in your possession, custody or control any personal property or monies belonging to the judgment debtor? Yes No | |
| IF THE ANSWER IS "YES" GO TO NEXT QUESTION. IF "NO" GO TO INSTRUCTIONS. | |
| 2. Is this an IRA account? Or have <u>all</u> of the deposits made during the past 90 days been electronically deposited and identified as exempt Social Security, Unemployment Compensation, Public Assistance, Veteran's Benefits, Pension or Retirement or by a source drawing from any other statutory exemptions? Yes No | |
| IF THE ANSWER IS "YES" GO TO NEXT QUESTION. IF "NO" GO TO INSTRUCTIONS. | |
| 3. Is/Are the account(s)' current balance equal to or less than the total of the exempt deposits? Yes No | |
| IF YOU ANSWERED "YES" TO ALL 3 QUESTIONS AND FUNDS IN THE ACCOUNT(S) ARE EXEMPT, DO NOT FREEZE THE FUNDS AND GO TO "INSTRUCTIONS" BELOW. | |
| 4. ACCOU | NT BALANCE AMOUNT WITHHELD |
| A) Savings Account \$ | \$ |
| B) Check/MMA/Now Account \$ | ३७ ३ ,०० s <u>3,२५५२</u> s s |
| C) Certificate of Deposit \$ | \$ \$ \$ |
| D) Trust Account/Other \$ | <u> </u> |
| E) Safety Deposit | |
| G) Less Right of Offset for Loans | \$ |
| | IOUNT FROZEN: \$ 3.854.97 |
| 5. List all electronic deposits into account(s) and their source(s) except deposits: Account Number Source Monthly Amount | |
| | |
| | |
| 6. List all joint account holders or adverse claimants: | |
| · | |
| Name Name Address | A 13 |
| Address Address | Address |
| Account Type Checking CD Savings Account Type Ch | Account Type Checking CD Savings Account Number |
| INSTRUCTIONS | |
| (1.) Fill out and sign the certification below. (2.) This Answer must be filed at least three (3) days before the court date to assure timely processing. | |
| (3.) Fax or mail a copy of this Answer to (i) the Court, (ii) Plaintiff's attorney and (iii) Judgment Debtor. If filing in the First Municipal District, you | |
| may fax to (312) 603-6522 or mail to the Clerk of the Court, Richard J. Daley Center, 50 W. Washington street, Room 602, Chicago, IL 60602. (4.) You will receive a copy of a Court Order by fax or mail instructing you how to proceed and where to send any withheld funds. | |
| | |
| CERTIFICATION | |
| Under the penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct and that I have mailed this Answer to Defendant(s). | |
| Date: 9.24.24 | Print Agent Name: AUSTIN FORMILLER |
| Respondent Name: COMPUTER CORNER, LLC | Signature of Agent: |
| Address: 1010 N. MAIN, OSHKOSH, WI 54901 | |
| Telephone: 920. 233. 0000 | |
| FAX: 920. 744. 0102 | |